

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1634
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	A METHOD FOR DETECTING DISEASE- ASSOCIATED MUTATIONS
Attorney Docket Number::	IGI-111CN2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	7
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Christine
Middle Name::	E.
Family Name::	SEIDMAN
City of Residence::	Milton
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	1350 Canton Avenue
City of mailing address::	Milton
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02186

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: G.  
Family Name:: SEIDMAN  
City of Residence:: Milton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 1350 Canton Avenue  
City of mailing address:: Milton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02186

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Hugh  
Family Name:: WATKINS  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 St. Paul Street  
Apartment 4  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Anthony  
Family Name:: ROSENZWEIG  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 1724 Beacon Street  
City of mailing address:: Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02168

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 00959

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	08/469172	06/06/95
08/469172	Continuation of	07/989160	12/11/92